# FY16-17 Statewide and Regional Networks (SRN) Grant Application | Apply at cac.culturegrants.org

This reference document is intended to assist with preparations for the online application process at cac.culturegrants.org.

# **FY16-17 SRN Applicant Information**

Please review the 2016-17 SRN Statewide and Regional Networks (SRN) Guidelines for complete program information and submission requirements: <a href="http://www.cac.ca.gov/programs/srn.php">http://www.cac.ca.gov/programs/srn.php</a>
For questions regarding the program Guidelines or Application, contact the SLP Project Manager below:

Jaren Bonillo, jaren.bonillo@arts.ca.gov, (916) 322-6584

# Deadline: February 1, 2017, 5:00 PM

Exceptions will not be made for any submission attempts after the stated grant deadline

## **Instructions:**

Prior to beginning an Application, **confirm the contact information is accurate on the My Account tab, and confirm that the organizational mailing address is accurate on the My Organization tab.** If necessary, update and *save* information prior to returning to this Application. **Verify that any changes have been updated below before proceeding.** 

Automatic notifications from CAC Culture Grants will be sent to the email address on the My Accounts tab.

Entries and modifications are automatically saved throughout the Application. After a momentary autosave process, navigation buttons at the bottom of each screen will be accessible. Navigating between pages from the forms menu or utilizing the back/forward/refresh buttons via your web browser prior to the completion of the autosave process will not retain your work.

# APPLICANT INFORMATION

# SRN Grant Category\*

Statewide Networks (up to \$30,000)

Regional Networks (up to \$20,000)

Grant requests plus match cannot exceed 50% of an organization's total income from its last completed fiscal year. Amount must be matched 1:1.

Provide whole dollar amounts, not exceeding the eligible grant request. Modifications to this field will be reflected in all instances within the form. \$

## **Grant Request Summary**

Briefly outline your proposal and indicate how grant funds would be used. This description will be used to introduce your proposal to the panel. If funded, it will be used to describe your approved grant.

Please begin your summary with the following:

With support from the California Arts Council, (insert Applicant Organization Name here) will... Maximum 500 characters.

			ation

Legal Name of Applicant Organization \*

Popular Name of Applicant Organization (optional):

Mailing Address 1\*:

Mailing Address 2 (optional):

City\*:

State\*:

Zip Code\*:

County\*:

State\*:

Organization Phone \*:

Organization Fax:

# **Grant Application Contact**

Website:

Provide information for the individual serving as primary contact for this specific grant application. Note that this individual may be different than the registered user account holder, as provided on the <a href="My">My</a> <a href="Account">Account</a> page.

Applicant Contact First Name \*:
Applicant Contact Last Name \*:
Applicant Contact Title \*:
Applicant Contact Phone \*:
Phone Extension (if applicable):
Applicant Contact Email \*:

# **Executive Leadership (Staff)**

If different from the Applicant Contact above, provide information for the primary individual serving in a senior executive leadership capacity. In most cases, this will be the Executive Director. If title differs from "Executive Director", please enter title in the "Executive Leader Title" field below.

Executive Leader First Name:
Executive Leader Last Name:
Executive Leader Title:
Executive Leader Phone:
Phone Extension (if applicable):

**Executive Leader Email:** 

Number of years Organization has been consistently engaged in arts programming within California \*:

Are you using a Fiscal Sponsor? \*:

Fiscal Sponsor Form available to Applicants indicating "Yes"

Date of Incorporation:

#### **Federal EIN and DUNS Numbers**

All Applicants are required to provide a Federal Employer Identification Number (Federal EIN Number) and Dun & Bradstreet Number (DUNS Number) at the time of application.

IMPORTANT: For most organizations, the two fields below will be pre-populated with the Federal EIN Number and DUNS Number as provided on the My Organization tab. If either number is **incorrect or missing**, please adjust on the My Organization tab, return to this Application, and **verify that accurate numbers have been updated below before proceeding.** 

If the Applicant Organization will be applying with a Fiscal Sponsor, please leave the two fields blank below. You will be required to enter your Fiscal Sponsor's EIN and DUNS on the Fiscal Sponsor page.

Please refer to the IRS, EIN support pages, and DUNS Number Instructions for additional information.

IRS: http://goo.gl/hGuJw a

DUNS: <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>

Federal EIN Number \*:

**DUNS Number \*** 

# **FY16-17 SLP Fiscal Sponsor Form**

Available for applicants designating a fiscal agent

Complete this section only if the Applicant Organization is <u>not</u> tax-exempt, and will be applying to this grant in partnership with a Fiscal Sponsor.

If your application is funded, the Fiscal Sponsor will be designated as the legal contractor for this grant from the California Arts Council. By completing this form, you are acknowledging that a Fiscal Sponsor relationship exists, and that the identified organization has agreed to serve the Applicant Organization in this capacity for the term of the Grant Period.

Legal Name of Fiscal Sponsor Organization *:
Popular Name of Fiscal Sponsor Organization (optional)
Fiscal Sponsor Date of Incorporation:
Fiscal Sponsor Federal EIN Number *:
Fiscal Sponsor DUNS Number *:
Mailing Address 1 *:
Mailing Address 2 (optional):
City *:
State *:
Zip Code *:
County *:
Executive Director First Name *:
Executive Director Last Name *:
Executive Director Phone *:
Phone Extension (if applicable):
Executive Director Email *:
Fax:
Website:

# **FY16-17 SRN Organizational Profile**

# Applicant Organization's Mission, History and Purpose (may be used in CAC publications)

- State the mission of your organization;
- Provide a brief history of your organization, sharing the development and context for current activities.

Maximum 2,000 characters. \*

# **Programs and Services**

- Summarize your programs and services including geographic location (city/county);
- Briefly list your accomplishments and challenges over the past year, and any future plans.

Maximum 3,000 characters. \*

# **FY16-17 SRN Proposal Narrative**

# **Grant Request Summary**

Briefly outline your proposal and indicate how grant funds would be used. This description will be used to introduce your proposal to the panel. If funded, it will be used to describe your approved grant.

Please begin your summary with the following:

With support from the California Arts Council, (insert Applicant Organization Name here) will... *Maximum 500 characters.* 

# Statewide and Regional Arts Networking

- Provide a detailed description of your constituency, and the statewide or regional reach of your network;
- Describe how you measure and identify the impact of your network on your constituency;
- Describe how you advance a statewide or regional arts agenda for working artists, constituent organizations, and cultural communities.

Maximum 3,000 characters. \*

Figures entered below should reflect the totality of <u>anticipated activities and individuals</u> to be *directly affected by or involved in* programs and services if funded by this CAC grant, and occurring within the grant period. Leave blank any items that are not applicable or for which you do not have supportable estimates.

Total nun	nber of artists served: *
Total nun	nber of arts organizations served:
Total nun	nber of members: *
Total nun	nber of individuals benefiting: *

# Access, Equity, and Community Engagement

- How do you identify and address the needs and priorities of your constituency?
- How do you reach your constituents, and how do your constituents provide input and support for your organization?
- How do you ensure you are reaching, connecting, and serving your constituency throughout the state or region?

Maximum 3,000 characters. \*

# **Fiscal Leadership and Management**

- Describe your organizational and governance structures;
- Describe your efforts to reflect the diversity of your constituency throughout your organization;
- Describe how CAC funds will support your organizational capacity;
- How does your organization plan and set priorities, resources, strengthen operations, and ensure all are working towards common goals, as well as establish agreement around intended impact?

Maximum 3,000 characters. \*

Please list the titles of your top three compensated employees, and their annual salaries.

	Title		Annual Salary
.41		.11	.41
1.			\$0
	44	.ti	.ii
2.			\$0
	444	.d	.ii
3.			\$0
	444	.ii	±.

# **FY16-17 SRN Quantitative Questions**

Figures entered below should reflect the totality of <u>anticipated activities and individuals</u> to be *directly affected by or involved in* programs and services if funded by this CAC grant, and occurring within the grant period. Leave blank any items that are not applicable or for which you do not have supportable estimates.

# **Anticipated Programs and Services**

#### 1. # of artworks

Can include student works, adaptations, re-creations, or re-stagings of existing works

- 2. # of free events
- 3. # of concerts/performances/readings
- 4. # of lectures/demonstrations/workshops/symposiums

#### 5. # of classes or sessions

Classes or sessions in which students will develop artistic and creative skills

# 6. # of exhibitions curated/presented

Include visual arts, media arts, films, film festival, and design. Count each curated film festival as a single exhibition.

## 7. # of artists' residencies

Artists' activities in schools or other community settings over an extended period of time.

## 8. # of nonprofit organizational partners

Organizations that combine resources and will work together.

# 9. # of for-profit business partners

Businesses that combine resources and will work together. Do NOT include funders unless they will actively participate.

# 10. # of governmental agency partners

Agencies that combine resources and will work together. Do NOT include funders unless they will actively participate.

- 11. # of apprenticeships/internships
- 12. # of hours broadcast on radio, television, cable, web or other digital networks
  For series, include hours for all broadcasts. Include broadcasts that will occur after the end date of the
  project only if they will be a direct result of the funding of this award. Do NOT include public service
  announcements, advertising, or other promotional activities, or Web-casts.
- 13. # of other events

If providing figures for the question above, please specify "other" anticipated events: *Maximum 250 characters.* 

# FY16-17 SRN Budget

## **Grant Request Amount**

Statewide Networks: Request up to \$30,000 Regional Networks: Request up to \$20,000

Grant requests plus match cannot exceed 50% of an organization's total income from its last completed fiscal year. Amount must be matched 1:1.\*

Provide whole dollar amounts, not exceeding the eligible grant request. Modifications to this field will be reflected in all instances within the form. \$

# **Grant Request: Budget Detail Instructions**

In the Budget Detail below, provide details for each line item to be funded by this grant. For Personnel, Rate of Pay, please indicate if the amount is per year (yr), month (mo), hour (hr), service (svc) or other. Examples: "\$30,000/yr", "\$300/mo", "\$30/hr", or "\$3,000/svc". Personnel and Operating/Production Expenses for this grant must match your "Grant Request Amount". Use the CAC Request column to show your planned allocation of CAC funds.

### Matching Funds

All grant recipients must provide a dollar-for-dollar (1:1) match. Use the Matching Funds column to show your planned allocation of these additional funds. The match ratio may vary per line item, and matching funds may be indicated for line items other than the CAC Request.

Total Matching Funds should equal, <u>but not exceed</u> the required matching funds amount; <u>do not overmatch</u> your CAC Request.

California Arts Council Funds may not be used to support the following: Hospitality or food costs; Non-arts organizations not involved in arts activities (as applicants); For-profit organizations (as applicants); Fundraising activities or services such as annual campaigns, fundraising events, or grant writing; Programs of other state or federal agencies; Programs or services intended for private use, or for use by restricted membership; Projects with religious purposes; Operational, administrative or indirect costs of schools, colleges, or universities, or any activities that are part of the curricular base of these institutions; Trusts, endowment funds or investments; Capital outlay, including construction; purchase of land, buildings, or equipment other than consumable production materials; or for the elimination of accumulated deficit; Out-of-state travel activities; Expenses incurred before the start or after the ending date of the grant.

# **Grant Request: Budget Detail**

1. Artistic \$0  1. Artistic \$0  1. Artistic \$0  1. Artistic \$0  2. Administrative \$0  2. Administrative \$0  3. 1	41 41 41 41 41 41 41 41 41 41 41 41 41 4
2. Administrative  2. Administrative  3. Administrative	
SO	\$0 
2. Administrative \$0  4.11  2. Administrative \$0  4.11  4.11  5.0  4.11  5.0  4.11	
2. Administrative \$0	flfl \$0 flfl
2. Administrative \$0	\$0 .iii .iii
.d .	.dl .dl
at a state of the	8.0
	it.
	\$0
	al al
3. Technical \$0	\$0 
\$0	\$0
li li	l
\$0 .ff .ff .ff	so iiii
SUBTOTAL: Personnel Expenses \$ 0	\$ 0
B. Operating/ Production Expenses CAC Request	Matching Funds
a. Operating/ Production Expenses CAC Request	Matching Funds
4. Facility Rental \$ 0	\$0
11 11 11 11 11 11 11 11 11 11 11 11 11	.:i ::i ::i ::i ::i ::i ::i ::i ::i ::i
	.al
6. Travel (in-state) \$ 0	\$ 0 .#!
7. Regranting \$ 0	\$0
.4 .4 .4	af a
8. Office Supplies \$ 0	so iiii
9. Postage \$ 0	\$0
.41 .41	al al
10. Printing \$ 0	\$0 !!!!
11. Utilities \$ 0	\$0
4 4 4	.dl
12. Insurance \$ 0	\$0 
13. Fundraising (CAC funds may not b	be used) \$ 0
14. Other (describe below) \$ 0	
14. Other (describe below) \$ 0	\$0 !!
SUBTOTAL: Operating/ Production \$ 0	\$ 0
2.12 Expenses	.41
TOTAL EXPENSES \$ 0	\$ 0
GRAND TOTAL (CAC Request plus \$ 0	.41
Matching Funds)	

# **Budget Detail Notes**

If providing figures for Operating/Production Expenses, "Other", please describe below. *Maximum 1,000 characters.* 

# **Source of Match Instructions**

Provide the name of the funding source, amount and status (Projected, Pending, or Committed) of your matching funds in the **Source of Match Table** below.

The cash match may be from federal or local government agencies, foundation, corporate, individual contributions, or earned income. Other State agency funds may not be used as a match. In some instances, in-kind donated services for which fair market value can be determined may be used, up to a maximum of 50% of the required match. Contact the CAC Project Manager for this grant, to determine eligibility prior to including in-kind as a portion of your match.

The Total from Matching Fund Sources should equal Total Matching Funds (as well as Total CAC Request) from the Budget Detail, provided above.

If applicable, identify "Other Contributed", "Earned Income", and "In-Kind" sources below the Source of Match table.

## **Source of Match Table**

Income Type	Provide Match Source	Match Amount	Status (Projected, Pending, Committed)
	.41	444	
Federal Government		\$0	
.11	t	.al	.al
Local Government/ County		\$0	
	la.	i	.al
Local Government/ City		\$0	
	.ad		.al
Foundation		\$0	
	la.	i	.al
Corporate		\$0	
.::	Left.	i	.al
Individuals		\$0	
.11	Life Life		
Other Contributed	(describe below)	\$ 0	
.11	444	ii.	.:i
Earned Income	(describe below)	\$ 0	
.11	444	ii.	
In-Kind (may not exceed 50% of the	(describe below)	\$ 0	
Total Match)	444		.dl
Total from Matching Fund Sources		\$ 0	
	.41	444	444

#### **Source of Match Notes**

If providing figures for "Other Contributed", "Earned Income", or "In-Kind", please identify the corresponding Match Source(s) below. If utilizing in-kind donated services to support the match requirement, please describe your method for determining the fair market value of these services. *Maximum 1,000 characters.* 

# FY16-17 SRN Support Material Upload

# **Support Material Upload List**

Scroll down the page for Accepted File Types and File Upload Instructions.

# **Work Sample Materials - Required**

Provide a total of up to 3 artistic samples and support materials. Images, audio, and video (links) may showcase art works created, public events produced, presentations, or other activities; documents may include press materials, flyers, brochures, and other marketing pieces generated within the past two years.

## **DataArts - Required**

The California Arts Council requires all applicants to complete a Cultural Data Profile through DataArts (formerly the Cultural Data Project) and submit a Funder Report along with their application. The

DataArts Funder Report will be used to assess your organization's fiscal health and activities. To complete this part of your submission go to the DataArts website: <a href="http://www.culturaldata.org/">http://www.culturaldata.org/</a>

## **Budget Notes – If applicable**

Explain variations in income, expenses and surplus (deficit) positions from year to year on your Data Arts Report.

Limit to one page, 12 pt. font.

## Network List - If applicable

If applicable, provide a list of your organization's members and/or partnering organizations.

## **Key Biographies - Required**

Provide brief biographies (not resumes). Include title, experience, and role within the proposed grant. Indicate where positions are new, to be supported by grant funds for the following individuals:

- Key Administrative Personnel
- Artistic Personnel
- Any Consultants to be paid or hired with CAC support.

# **Board of Directors - Required**

Provide a current list of Board of Directors and/or Advisory Board with name, expertise, role, and county of residence.

## Strategic Plan, Executive Summary - Required

If a current Strategic Plan is not in place, explain your existing policies and/or procedures, and timeline for developing one.

Limit to one page, 12 pt. font.

## **Letter of Support or Testimonial - Required**

Provide a statement from a key stakeholder, partner, or member. Statement should substantiate the quality of the organization, and affirm the organization's impact on its constituents.

# **Accepted File Types**

## **Documents**

Upload PDF documents only. Do not submit more than 10 total document files. Size per document may not exceed 5 MB.

## **Images**

Option 1: Upload images as individual JPGs. Recommended resolution: 300 dpi. Recommended image size: 800 x 600 pixels. If scanning images, please scan at a resolution of 300 dpi and save/upload as individual JPGs. Size per image file may not exceed 10 MB.

Option 2: Combine images within one PDF. Size per document may not exceed 5 MB.

# Video (links)

Video files may not be uploaded directly. Provide video selections as online links (URLs) on a single-page PDF. Videos may be hosted on Vimeo, YouTube, or your organization's website. Non-password protected videos are preferred; if protected, be sure to provide password information. Do not submit links to websites which require video content to be downloaded. Preferred length is no more than 5 minutes, per video.

#### **Audio**

Upload recordings in MP3 format only (recordings may be up to 5 min. long). Size per audio file may not exceed 50 MB. Video selections may also be provided as online links (URLs) on a single-page PDF.

# **File Upload Instructions**

# Step 1 - Select a File

Choose an upload option within the Uploaded Materials section below.

# **Step 2 - Enter Title and Description**

After selecting your file, In the uploader pop-up window, provide a **Title** (required) and a brief **Description** (optional, but recommended) in the appropriate fields. Make titles specific; avoiding file names such as "Image #1."

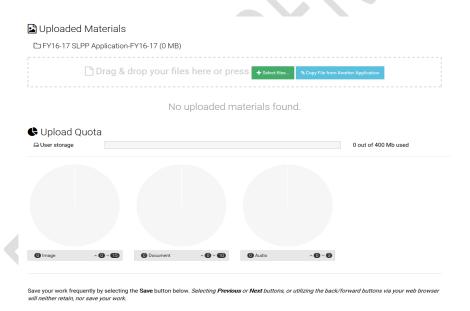
# Step 3 - Submit

Click **Save Changes** to upload the file. After the file is successfully uploaded, the pop-up window will close, and a thumbnail of the file will appear on the Support Materials upload area.

# Repeat steps 1 through 3 for additional files.

### Step 4 - Review

Review Upload Materials section for all required attachments.



# **FY16-17 SRN Certification and Release**

This **Certification and Release** must be signed by an authorized board member or designated organizational representative with the knowledge of the matters contained herein, and holds the legal authority to obligate the organization, with the approval of the organization's board of directors or other governing body.

The undersigned certifies: the represented organization has proof of nonprofit status under

sec.501(c)(3) of the Internal Revenue Code, or under sec. 23701d of the California Revenue and Taxation Code, or is a unit of government; that applicant has been consistently engaged in arts programming for a specific number of years prior to time of application; complies with the Civil Rights Act of 1964, as amended; sec 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; observes provisions of the Drug Free Workplace Act of 1988; and California Government Code secs.11135-11139.5 (barring discrimination); complies with the Fair Labor Standards Act, as defined by the Secretary of Labor in part 505 of title 29 of the Code of Federal Regulation; the Americans with Disabilities Act of 1990; and the Fair Employment and Housing Act; has its principal place of business in California; and has completed prior contract evaluations, if applicable; and has approval of the organization's board of directors or other governing body.

That all information contained herein is accurate or represents a reasonable estimate of operations based on data available at the time of submission; and that there are no misstatements or misrepresentations contained herein or in any attachments.

The undersigned hereby releases the California Arts Council (CAC) and the State of California, their employees & agents, from any liability and/or responsibility concerning damage to or loss of materials submitted to the CAC and the State of California, whether or not such damage of loss is caused by the negligence of the CAC, the State of California, their employees & agents.

#### Signature

By providing your information below and submitting this CAC Application, you are certifying that you meet all requirements as a signatory, and that you understand, confirm, and/or agree to all terms of the Certification and Release for this grant.

First Name Last Name Title Date

ATTENTION: Applications to the 2016-17 CAC Statewide and Regional Networks grant program must be submitted online through CAC Culture Grants no later than February 1, 2017, 5:00 PM (PST).

Exceptions will not be made for any submission attempts after the stated Application deadline (date and time).

## **Submitting your Application:**

When you are ready to submit your Application (having verified the completion of all required fields and information, and the upload of all required support materials), select the green **Save and Validate** button below. Alternately, you may select **Validate and Submit** from the Application forms navigation menu.

Incomplete required fields will be listed on a validation page with corresponding error messages. Address all listed fields and select the green **Submit** button to finalize the Application process.

After the successful submission of this Application, a confirmation message will be sent to the email address of the CAC Culture Grants account holder.